The Vine Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Outstanding ☆
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Vine Medical Centre on 26 April 2016. Overall the practice is rated as outstanding.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice had established systems to continuously monitor and access information from other stakeholders. For example, Clinical Commissioning Groups, NHS Foundation Trusts and support groups.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice continually sought initiatives such as local pilot schemes where their involvement might improve services offered to patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, identifying support and self-help groups and providing patients with access to these at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had a quiet room, as well as a designated breast feeding area.
- The practice actively reviewed complaints, how they were managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with all staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice including:

- There was a strong focus on safeguarding children and adults. There were extensive systems for reviewing safeguarding matters. These included; reviewing all safeguarding adult and children reports on a monthly basis and identifying trends that could indicate a safeguarding issue, as well as. reporting potential safeguarding issues to the patients named GP. Relevant information was retained and where necessary patients were added to the practice's safeguarding register.
- The practice had conducted a review of their weight management programs. The review had identified that obesity was of high prevalence in male patients. As a result, one of the GP partners introduced the '35+ Club'. The club is a support group for mostly male patients with a Body Mass Index (BMI) of 35 or more. The group consists of cycling sessions, held on alternate Saturdays.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Outstanding ☆

The practice is rated as outstanding for providing safe services.

- There was a genuinely open culture in which all safety concerns raised by staff and patients were highly valued as integral to learning and improvement.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on continual, thorough analysis and investigation.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Systems for safeguarding children and adults, were extensive, well established and were focussed on the safety of patients deemed 'at risk'.
- The practice had robust arrangements to respond to emergencies and major incidents. These arrangements included healthcare scenario training. All staff were involved in this training and lessons learnt were shared and discussed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems ensured that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. For example, a recent audit had identified high usage of high risk antibiotics. The audit aligned the practices prescribing of these types of antibiotics, with those of the local Clinical Commissioning Group (CCG). The findings were presented and discussed at clinical meetings and this led to a reduction in the use of those antibiotics.
- The patient outcomes for the practice were high, for most clinical areas, when compared to neighbouring practices in the CCG and nationally.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- Staff had the skills, extensive knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels within the practice, clinical and non-clinical.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The practice had a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice continually sought initiatives such as local pilot schemes where their involvement might improve services offered to patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, identifying support and self-help groups and providing patients with access to these at the practice.
- Patients accessed appointments and services in a way and at a time that suited them. Home visits were available, as were same day appointments, telephone consultations and 'open access' clinics where appointments were not required. The practice was proactive in offering online services and were in the early stages of piloting email and online video based consultations.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had a quiet room, as well as a designated breast feeding area.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

The practice is rated as outstanding for being well-led.

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements were frequently reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Responses to staff surveys supported this with 100% of respondents indicating that they would still be working at the practice in the next five years. There was a very low staff turnover with a well-established team where staff worked across all roles. The practice gathered feedback from patients and had a very engaged patient participation group which influenced practice development. For example, influencing the provision of support and self-help groups and promoting the PPG, as well as fund raising to provide medical equipment for the practice.
- Outcomes of reviews and audits positively influenced and improved practice and outcomes for patients. For example, a review had identified that obesity was of high prevalence in male patients. As a result, one of the GP partners introduced the '35+ Club'. Since its implementation, the GP had supported the healthcare assistant and a member of the group to lead the club and takeover its planning and organisation.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Outstanding ☆

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. It had a scheme for patients, who lived in in nursing and residential homes. This involved registering all the patients (with their consent) with one GP who looked after that home. There was better continuity of care, weekly ward rounds and better communication with the care workers.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Outstanding ☆

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There were clinics for patients with asthma, chronic obstructive pulmonary disease (COPD), diabetes, coronary heart disease and hypertension.
- Performance for diabetes related indicators was 86% which was better than the national average, 78%.
- The practice had recently participated in a pilot to bring care up to the national standards set out in the Diabetes National Services Framework. There was support for all newly diagnosed Type 2 diabetic patients, in the form of a monthly educational training day. The course included patients from The Vine Medical Centre, as well as patients from other local practices.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Outstanding ☆

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of families, children and young people.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or were vulnerable due to their family or living circumstances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- There were extensive systems for reviewing safeguarding matters. These included; reviewing all safeguarding reports for patients under 18 years old and reporting potential safeguarding issues to the patient's named GP. As well as, reviewing all safeguarding reports on a quarterly basis and identifying trends that could indicate a safeguarding issue. Any trends identified were discussed at the monthly meetings held with the health visitor, school nurse and safeguarding agencies.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and better than the national average of 74%. The practice nurses had an audit system to track any samples which were deemed inadequate. The system included a review of the patients' notes, in order to determine whether it was an issue caused by the time of the patients' menstrual cycle, faulty test kits or sample taker error.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had a designated breast feeding room, as well as baby changing facilities.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Outstanding ☆

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of working age people (including those recently retired and students).

Summary of findings

- The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice operates an 'open access' system, Monday to Friday 8.00am to 11.00am, where no appointment is required. There were consultations outside working hours every day, expect Thursday, as well as once a month on Saturday.
- The practice was proactive in offering online services and were in the early stages of piloting email and online video based consultations.
- There was a comprehensive range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Outstanding 

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, vulnerable foreign nationals and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a strong focus on safeguarding children and adults. There were extensive systems for reviewing safeguarding matters. The practice reviewed safeguarding information, for children and adults monthly. Relevant information was retained and where necessary, patients were added to the practices safeguarding register. The cases were discussed at the quarterly meetings held with the health visitor, school nurse and safeguarding agencies. We were told of several instances where safeguarding issues were raised by the practice which had been unknown to other agencies.

Summary of findings

People experiencing poor mental health (including people with dementia)

Outstanding

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- Of those patients diagnosed with dementia 86% had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%. The practice had identified that their results for dementia management had declined between 2010 and 2011. They had conducted an audit and reviewed the care of patients with dementia. As a result, the practice had improved their QOF performance, in order to achieve a score that was in line with the national average. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had been involved in a project with Brighton & Sussex Medical School to undertake a review of nutrition and weight loss of patients with dementia admitted to a local residential home, as part of the dementia Fellowship initiative.
- Of those patients with schizophrenia, bipolar affective disorder and other psychoses93% had a comprehensive, agreed care plan documented in their record, in the preceding 12 months,
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing considerably better than local and national averages. Two hundred and fifty eight survey forms were distributed and 110 were returned. This represented 1% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run. There were no negative comments.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice took part in the NHS friends and family test and 100% of those taking part would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.

Outstanding practice

- There was a strong focus on safeguarding children and adults. There were extensive systems for reviewing safeguarding matters. These included; reviewing all safeguarding adult and children reports on a monthly basis and identifying trends that could indicate a safeguarding issue, as well as reporting potential safeguarding issues to the patients named GP. Relevant information was retained and where necessary patients were added to the practice's safeguarding register.
- The practice had conducted a review of their weight management programs. The review had identified that obesity was of high prevalence in male patients. As a result, one of the GP partners introduced the '35+ Club'. The club is a support group for mostly male patients with a Body Mass Index (BMI) of 35 or more. The group consists of cycling sessions, held on alternate Saturdays.

The Vine Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Vine Medical Centre

The Vine Medical Centre is a GP practice based in Maidstone, Kent. There are 10,800 patients on the practice list. The age of the population the practice serves is lower than the national averages. For example, the number of patients aged 0 – 64 years make up 84.5% of the patient list, which is significantly higher than that nationally.

The practice holds a General Medical Service contract and consists of four partner GPs (one female and three male). The GPs are supported by four salaried GPs, a practice manager, four practice nurses, a healthcare assistant, a phlebotomist and an administrative team. A wide range of services and clinics are offered by the practice including asthma, diabetes, weight management and minor surgery.

The practice building is arranged over three storeys and all the patient areas are accessible to patients with mobility issues, as well as parents with children and babies. The practice has a designated breast feeding room and baby changing facilities.

The Vine Medical Centre is open 8.00am to 6.30pm Monday to Friday. The practice operates a dual appointment system: Monday to Friday 8.00am to 11.00am is 'open access', where no appointment is required. Monday to Friday afternoon sessions are by appointment only.

Extended hours are available by appointment only from 7.00am to 8.00am on Tuesday, Wednesday and Friday and from 6.30 pm to 8.15pm on Monday and Tuesday. Additionally, there is a Saturday surgery from 9.00am to 12pm once a month. The practice operates a duty doctor system to ensure urgent and emergency cases, as well as test results are monitored and responded to appropriately.

The practice is a training practice which takes GP Registrars and foundation year two (FY2) doctors and currently have two trainee doctors (one GP Registrar and one FY2 doctor) and one trainee Physician Associate.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- The Vine Medical Centre, 13 Tonbridge Road, Maidstone, Kent, ME16 8RL

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 April 2016.

During our visit we:

- Spoke with a range of staff including three GPs, two practice nurses, three administrative staff and the practice manager, as well as eight patients who used the service.
- Observed how patients were being managed at the reception desk and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 43 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Outstanding ☆

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out a thorough analysis of the significant events and routinely analysed significant events, with this being an agenda item on the monthly practice meeting, which was attended by all staff. We looked at several events in detail. One concerned an issue with urine test that was sent with specific medical data missing on the request form. The practice had conducted a review and amendments to protocols were made. Staff we spoke with were aware of this significant event and subsequent changes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in both the practice and their neighbouring practice. For example, the practice registers patients who have been released from prison to reside in a nearby hostel. As a result of an incident, the practice had reviewed its processes and had worked with staff from the hostel to provide reception staff with conflict management training, in order to de-escalate potentially aggressive patients. The practice implemented systems to help ensure that such situations were managed appropriately, that practice staff from the hostel were informed and that the waiting area remained safe for other patients. The practice had a quiet room and a designated area to take patients to, should de-escalation be required. This was also shared with the neighbouring practice, again to maximise learning opportunities and to improve patient outcomes.

Overview of safety systems and processes

Patients were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong. There is a genuinely open culture in which all safety concerns raised by staff and people who use services are highly valued as integral to learning and improvement, which included:

There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

There was a lead GP for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP had established a system to help ensure that contact, with parents of and children on the 'at risk' register, as well as patients in vulnerable circumstances, were routinely reviewed to help ensure families were not isolated. The cases were discussed at the monthly to quarterly multidisciplinary meetings. They routinely reviewed all safeguarding reports for patients under 18 year olds and had a system for reporting safeguarding issues to the patients' named GP.

The practice reviewed safeguarding information, for children and adults monthly. Relevant information was retained and were necessary patients were added to the practices safeguarding register. The cases were discussed at the monthly meetings held with the health visitor, school nurse and safeguarding agencies. We were told of several instances where safeguarding issues, relating to adults and children, were raised by the practice which had been unknown to other agencies.

The practice had a number of vulnerable foreign nationals on their patient list. Potential safeguarding issues specific to this group of patients, for example patients that were visiting another country where there was armed conflict, were also monitored and reviewed by the lead GP. These were used to inform safeguarding agencies at

multi-disciplinary team meetings. We saw evidence of examples where patients had been safeguarded, as a consequence of the practices process for monitoring safeguarding concerns.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level 3.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes for handling repeat prescriptions included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures for monitoring and managing risks to patient and staff safety.

There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had robust arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice conducted training of staff in how to manage and deal with medical emergencies. For example, scenario training where staff role played potential incidents, such as a cardiac arrest in the waiting room. The training included how to deal with the patient, how to manage the waiting room and other patients present and how to implement the emergency incident policy. All staff were involved in this training and lessons learnt were shared and discussed. Staff we spoke with told us that they enjoyed this form of training, as it gave them a realistic idea of how to manage a real event.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Outstanding ☆

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Additionally, one of the practice nurses also works as a Principal Associate at South East Commissioning Support Unit, part of this role involved gaining information regarding evidence based practice. Minutes of meetings showed that this information was discussed at practice meetings and used to inform delivery of care and treatment at the practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice is a training practice and had been recognised by external accreditation for their teaching. With one of the GP partners having been awarded the Certificate of Clinical Excellence by Maidstone and Tunbridge Wells NHS Trust for their training of foundation year GPs, as well as the Year 6 Global Teachers Award from the Imperial College London.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 10.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

QOF results cover the practices performance in 19 clinical areas ranging from asthma to stroke. In all of the 19 areas the practice achieved 100% of the available clinical indicators.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 86% which was better than the national average, 78%.
- Performance for mental health related indicators was 96% which was better than the national average, 89%.
- Performance for chronic obstructive airways disease (COPD - a long term lung disease) related indicators was 97% which was much better than the national average, 89%.
- Performance for asthma related indicators was 81% which was better than the national average, 75%.

  There was evidence of quality improvement including clinical audit.

- There had been 20 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. For example, in 2014 the practice audited the removal and insertion of contraceptive coils. As a result the practice improved processes for competency testing of staff and checking informed consent, for patients. Two further audit cycles showed that there had been improvements to the service and that these had been sustained.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, a recent audit had identified high usage of high risk antibiotics. The audit aligned the practices prescribing of these types of antibiotics, with those of the CCG. The findings were presented and discussed at clinical meetings and this led to a reduction in the use of those antibiotics.

Information about patients' outcomes was used to make improvements. For example, routinely reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

Effective staffing

The practice had a strong focus on teaching, learning and reflection. As a result, staff had the skills, knowledge and experience to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety, confidentiality and academic training, conducted at the practice being integral to high-quality care.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff.

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources, discussion at practice meetings and attending external training events.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. All the staff we spoke with about their appraisal said that they had found the process useful. It had helped to identify training needs and provided an opportunity for staff to discuss problems with their manager.

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

The practice is a training practice which takes foundation year two doctors and currently have two trainee GPs working at the practice. In 2015 the practice hosted three final year medical students. The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. The practice ran weekly clinical leadership in commissioning (CLIC) groups for ST2 GP Registrars, which focused on teaching trainee GPs in how to access the best healthcare and improve health outcomes for their patients. Practice staff said they felt training doctors was a two way process and that they learnt from the trainees, as well as training them.

The practice nurse who also works as a Principal Associate at South East Commissioning Support Unit had recognised that there was no national training programme for healthcare assistants, in order to accredit the competence of their clinical skills. The nurse subsequently wrote the guidance and training programme, which was recognised by the CCG and has been rolled out across the region. This is in addition to the National Vocational Qualification currently completed by healthcare assistants. The practice's healthcare assistant had completed the newly implemented training and was one of two appointees to progress to nurse training in West Kent.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services, so that patients who have complex needs are supported to receive coordinated care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals a monthly basis, when care plans were routinely reviewed and updated for patients with complex needs. Such meetings were attended by social services, hospice staff, mental health specialists, health and social care coordinators, memory nurses, long term conditions nurses and the learning disability specialist nurse.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Good

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice conducted a review of their weight management programs. As part of the review the practice had recognised that obesity was of high prevalence in male patients. In order to promote a targeted and proactive approach to health promotion and prevention of ill-health, one of the GP partners introduced the '35+ Club'. The club is a support group for mostly male patients with a Body Mass Index (BMI) of 35 or more. The group consists of two weekly cycling sessions, held on a Saturday. The sessions are attended by one of the GPs or the healthcare assistant, in their own time, in order to support members of the group with any issues they have encountered. Since its implementation, the group has received funding for members to participate in a 'cyclathon' and members have been reporting significant weight losses. Originally the group was led by a GP partner but it is now led by the practice's healthcare assistant and a member of the group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and better than the national average of 82%. The practice contacted patients who did not attend to remind them of the importance of the test. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practices nurses had an audit system to track any samples which were deemed inadequate. The system included a review of the patients' notes, in order to determine whether it was an issue caused by the time of the patients' menstrual cycle, faulty test kits or sample taker error. Lessons learnt were shared and discussed. For example, where sample taker error had been identified; support, training and supervision had been provided to reduce the risk of future incidents. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. For example, 66% of eligible patients had been screened for bowel cancer, which was above the CCG average of 61% and the national average of 58%. Eighty percent of eligible patients had been screened for breast cancer, which was above the CCG average of 74% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 97% and five year olds from 86% to 95%. Compared with national average of 68% to 91% and 81% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a strong, person-centred culture at the practice. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive.

These relationships were highly valued by all staff and promoted by leaders.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a designated quiet room off the reception area for this.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Twenty cards specifically mentioned the care and compassion with which staff treated them and how they were made to feel a priority, even if the staff were busy. Patients said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients told us that staff went the extra mile and the care they received exceeded their expectations. There were no negative comments.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses, as well as the helpfulness of and reception staff. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%. When asked the same question about nursing staff the results were 94% compared to the CCG average of 92% and national average of 91%.
- 89% said the GP gave them enough time compared to the CCG average of 89% and national average of 96%. When asked the same question about nursing staff the results were 94% compared to the CCG average of 92% and national average of 91%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%. When asked the same question about nursing staff the results were 99% compared to the CCG average of 98% and national average of 97%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared national average of 90%. When asked the same question about nursing staff the results were 94% compared national average of 90%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patients that were also medical professionals, told us that clinical staff spoke with them in a manner that was appropriate to their level of medical knowledge. Patients that we spoke with said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients reported that the GPs fully understood about patients' choice and supported them with whichever option they chose to take. Patient feedback from the comment cards we received was also positive and aligned with these views.

The practice was responsible for patients who lived in local nursing and residential homes. There were weekly ward rounds and visits when required. Staff at the homes had

the emergency telephone number for the practice, so that they could access GP and nursing advice, during the practice's normal working hours, without delay. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format. The number of patients with a learning disability had risen two and half times since2012.As a result the practice had reviewed the importance of how they communicated with this group and now ensured that right leaflets in the right format were available to them.
- There was an extensive range of information about services available at the practice, signposting to other local services and providing general healthcare related information.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 128 patients as carers (1.2% of the practice list). The register of carers maintained by the practice was routinely reviewed and revised where appropriate. The practice had recently had an external support group attend the practice, for monthly coffee mornings and drop in sessions for carers. However, this had ceased by the time of our visit and the practice were reviewing how these services could be sourced again. Carers were offered relevant support, respite, health checks (if requested) and were signposted to the Carers Project support group.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice recognised that involvement of other organisations was often integral to care. It had been involved in a project with Brighton & Sussex Medical School to undertake a review of nutrition and weight loss of patients with dementia admitted to a local residential home, as part of the dementia Fellowship initiative. Lessons learnt from this pilot scheme had been implemented by the practice and used to inform the manner in which patients with dementia were assessed.

The practice demographic encompassed a higher than average proportion of working people. With the involvement of the PPG the practice now offered extended hours for working patients who could not attend during normal opening hours on every day of the week save Thursdays. Additionally, there was a Saturday surgery from 9.00am to 12pm once a month.

There were longer appointments available for patients with a learning disability or long term conditions. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Same day appointments were available for children and those patients with medical problems that require same day consultation. Telephone consultations were available. The practice was proactive in offering online services and were in the early stages of piloting email and online video based consultations, in order to meet the needs of working age patients.

The practice provided care and treatment for 150 patients who lived in nursing and residential homes, who often had complex needs and were vulnerable. Therefore it had, with the patients consent, registered individual patients with one GP who looked after the home. Where named GPs could not attend the home, the practice had a rota to ensure another GP conducted the reviews of these patients. This had resulted in better continuity of care, weekly ward rounds, and better communication with the care workers. The aim of this was to improve and to personalise the care of elderly patients. All these patients had care plans and advanced directives, where appropriate.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice has recently completed a pilot to bring care up to the national standards to deliver the Diabetes National Services Framework. This diabetes model of care is based on four tiers of care provided in three settings: primary care, the community and in hospital. The practice was Tier 2, which meant they delivered enhanced care services for patients with diabetes. There was a nurse led course held once a month on Saturdays; for the purpose of all newly diagnosed Type 2 diabetic patients, to attend the Diabetes Education and Self Management for Ongoing and Diagnosed (DESMOND) patient education course. The course included patients from The Vine Medical Centre, as well as patients from other local practices.

There were disabled facilities, a hearing loop and translation services available and the practice have a designated breast feeding room and baby changing facilities. There was a lift to ensure that those with mobility impairments and wheelchair bound patients could access all clinical areas of the practice.

The practice had developed a wide range of other services for patients. The practice objective was to place the patients at the heart of the services. For example, the practice provided consultations for minor injuries and used the Maidstone and Tunbridge Wells NHS Trust 'Hot Reporting Service'. Meaning that patients could be seen at the practice with a minor injury and if an x-ray was deemed necessary, these were requested and conducted at the hospital on the same day. Other services included: Warfarin clinics, disease-modifying antirheumatic drugs (DMARDs) monitoring clinics and asthma and chronic obstructive pulmonary disease; where patients were referred for respiratory rehabilitation and physiotherapy, if required.

Additionally, patients could be referred to the practice's neighbouring practice for anthroposophic or homeopathic therapies (Anthroposophical medicine is an extension of orthodox medical practice, rather than an alternative. It does not see illness merely as an unfortunate accident or mechanical breakdown, but as intimately connected to the

Good

Are services responsive to people's needs?

(for example, to feedback?)

whole person and potentially positive. If met and treated in an appropriate way, illness may bring opportunities for a new balance to be achieved in our lives). For example, biographical counselling (counselling aimed at supporting an individual to self-understanding), eurhythmy therapy (graceful body movements to the rhythm of spoken words or music), rhythmical massage and art therapy.

The practice did not discriminate against age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation and people with complex needs. For example, those living with dementia or those with a learning disability. Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice continued to provide support to newly released prisoners, despite there having been a violent incident, which resulted in staff receiving additional training. This meant that the practice did not discriminate against this group of patients and allowed them to receive care and treatment, rather than exclude them.

Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. We saw evidence of how travel vaccine clinics were organised.

Access to the service

The Vine Medical Centre was open 8.00am to 6.30pm Monday to Friday. The practice operated a dual appointment system: Monday to Friday 8.00am to 11.00am was 'open access', where no appointment was required. Monday to Friday afternoon sessions were by appointment only. Extended hours were available by appointment only from 7.00am to 8.00am on Tuesday, Wednesday and Friday and from 6.30 pm to 8.15pm on Monday and Tuesday. Additionally, there was a Saturday surgery from 9.00am to 12pm once a month.

In addition patients could make appointments up to twelve weeks in advance; urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than the national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Changes to appointment scheduling were made where required in order to meet the needs of patients. For example, the practice nurses had audited the time it took to administer childhood vaccinations, as a consequence of these clinics consistently running late. As a result, clinic scheduling was changed in order to ensure each patient had an appointment that was long enough, for staff to conduct the relevant checks, administer the vaccine and reduce the risk of clinics running later than planned. Staff told us that the clinics were now operating more effectively and were less likely to run over the allocated time. This benefitted mothers with babies who had other children.

Nurses had protected time to plan the following day's clinics. They reviewed the clinic list and ensured that the results, dressings and treatments required were available before the patient attended. Where the nurses found that for example the necessary results had not been received they contacted the patient and an alternative appointment. Where this created available appointment times, patients remaining on the list, including patients booked for the next day, were contacted to ask whether they would like to attend the available appointment.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; there was a complaints policy which included timescales by which a complainant could expect to receive a reply. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the practices website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 13 complaints received in the last 12 months and found that they had been dealt with in a timely, open and transparent way which reflected the practice's policy. There was a record maintained of all verbal complaints received. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. There was a two way process for the anonymised complaints and significant events, to be shared with the neighbouring practice, again to maximise learning opportunities and to improve patient outcomes.

Are services well-led?

Outstanding ☆

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The statement encompassed values such as acting with integrity, acting on concerns about patient safety, commitment to continuous learning and delivering the best possible care for the individual patient.
- The practice values were to provide high quality, effective, treatment and advice in safe surroundings whilst respecting and encouraging the right of independence of all patients. Staff we spoke with talked positively about how they were able to use the practice values to improve quality and outcomes for patients.
- The practice had an effective strategy and supporting business plans, which reflected the vision and values and were regularly monitored. This included collaboration with a neighbouring partner practice to share resources and educational opportunities to improve patient outcomes. This showed that the practice were working with other organisations to improve care outcomes and tackle health inequalities.
- There were regular five year forward planning meetings which reviewed performance in areas such information technology, the increased demands on the practice associated with the rise and fall in patient demand and how to keep down waiting times of the 'open access' clinics based on patient demand.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and

reflected best practice. The practice had an overarching governance framework which supported the delivery of the strategy and of good quality care. There were documents that set out the leadership structure with individuals allocated various areas of responsibility. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff and could be accessed through the practice's intranet.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at a number of meeting minutes including but not confined to monthly significant event and complaints meetings. Such meetings were attended by the whole staff team. Where staff were unable to attend, minutes were cascaded and staff were encouraged to have discussion with either the GP partners or the practice management team.

Leadership and culture

The leadership and governance and culture were used to drive and improve the delivery of high-quality person-centred care. On the day of inspection the partners and the practice management team in the practice demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

Are services well-led?

Outstanding ☆

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

All of the staff we spoke with felt that communication was excellent. Staff knew of and understood the reasons for change. They were aware of the key issues such as significant events, safety, dignity and equal treatment. All staff were aware of issues affecting the practice and those that were relevant to their area of work.

We looked at the minutes of a number of meetings and saw that they were effective. For example, we saw minutes from a practice meeting (attended by the whole staff team) where complaints were discussed. The specific learning from the complaint had been shared and, because it was also a significant event, a significant event form had been completed. The practice had identified that an incident could be both a significant and a complaint and knew how to avoid siloing the events from one another. Actions arising from meetings were allocated to individuals, this was recorded on the meetings' minutes and the actions were followed through until signed off as completed.

There were regular team meetings. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities, in order to improve the service delivered by the practice. Staff told us how they had influenced the running of the practice through audits and meetings. For example, there had been changes to how childhood immunisation clinics were organised, following a recent audit.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was commitment to improving the patients' experience of care and to engaging with their patient participation group to ensure the services being delivered meet the needs of patients.

- The practice had a patient participation group (PPG) that the partnership viewed as their 'critical friend'.
- Patients were asked to provide feedback through the practice's website, through the PPG, through suggestions boxes and through in-house surveys. The practice gathered feedback from patients through the PPG, as well as through surveys and complaints received. The PPG met regularly submitted proposals for improvements to the practice management team and the PPG members we spoke with, told us the practice responded positively to their proposals. For example, fundraising events, which were used as means to raise funds for buying equipment for the practice, as well as promotion of the PPG and networking to support the practices ethos of continuous learning and improvement. At the time of our visit the PPG were focussing on promoting patient education and self-help.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. In March 2016, the practice conducted an anonymous staff survey. Where the survey asked staff if they felt they had the knowledge and experience to conduct their role and if they felt there was a commitment to quality improvement in work processes; 100% of respondents said yes. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff we spoke with told us they felt involved and engaged to improve how the practice was run. There was a very low staff turnover at the practice. Staff told us they came to the practice and have stayed because they felt included and integral in the running of the practice.

Continuous improvement

The leadership drives continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There is a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

The practice were in the early stages of piloting and implementing the care plan management system (CPMS). The software used in CPMS allows GPs, social services, ambulance services, mental health practitioners and hospices to share care plans. This has been shown to enhance the quality of care provided to patients living in care homes, with mental health issues, vulnerable patients living at home and patients receiving end of life care.

Are services well-led?

Outstanding ☆

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice is a training practice and all the staff were, to some degree, involved in the training of future GPs, reception and administration staff. From April 2016 the practice has been one of only nine practices in Kent, to host a physician associate student (physician associates support doctors in the diagnosis and management of patients) and provide them with training for a two year period.

Additionally, one of the GP partners was awarded the Certificate of Clinical Excellence by Maidstone and Tunbridge Wells NHS Trust for their training of foundation year GPs, as well as the Year 6 Global Teachers Award from the Imperial College London. Another GP partner has also been nominated as the Chair of the West Kent Education Provider Network.

Since 2007, the partners of the practice have been sponsoring a nurse based in a township in Zambia. This sponsorship allows the nurse to have the provisions and training they need to support children who have been diagnosed with HIV. We saw photographic evidence of visits the GP partners and practice nurse had made, in their own time, to see how their sponsorship helped to benefit the nurse and their patients. The GPs told us that this was an experience that taught them new approaches to providing compassionate support to their own patients and gave them an opportunity to act as ambassadors for the National Health Service.